Judiciary Committee Hearing
SB 220
2-11-13

The Doctor's Hippocratic Oath States:

"I will neither give a deadly drug to anybody if asked for it, nor will I make a suggestion to this effect."

The Code of Ethics of the American Medical Association States:

"Physician-assisted suicide is fundamentally incompatible with the physician's role as healer, would be difficult to control and would pose serious societal risks."

The following are just some of the reason Physician Assisted Suicide should not be legalized in Montana:

1. **It provides a financial incentive for premature deaths.**
   Since it's always cheaper to give a patient a suicide pill than to provide real care, the financial incentives of prescribed suicide to HMOs, government payers, insurance companies and heirs is huge.

2. **It invites pressure and coercion.**
   While measures require paper forms and stipulate that suicide requests be "made voluntarily," subtle pressure and even outright coercion at the bedside of vulnerable patients are extremely difficult, if not impossible, to detect and prosecute. Pressure-producing statements whispered at beside may cause Grandma to feel guilty about "burdening loved ones." Grandpa may take suicide cues from a physician's comment about healthcare costs. The "right to die" quickly morphs into the "duty to die."

3. **It covers up abuse.**
   The only statistical indicators of Oregon's assisted suicides are dutifully trotted out by state bureaucrats in a bare-bones annual report. By clever mandate of law, "the information collected shall not be a public record and may not be made available for inspection by the public." Violators are expected to self-report. No penalties are provided for non-reporting. No watchdogs or media can review even redacted records. The government only reviews a sampling of records, does not verify their accuracy and subsequently destroys the records. In Oregon the records are destroyed after 1 year and the death certificate lists the underlying disease as the cause of death, even in the case of know assisted suicides.

4. **Doctor-prescribed suicide is not needed.**
   Under existing law, every patient and/ or his designated decision-maker has the right to refuse prolonging life by artificial means. No one has to linger indefinitely when natural

causes would lead to death. It is ethically acceptable to refuse or discontinue futile treatments.

5. **It would destroy the doctor-patient relationship**.
The most fundamental part of a doctor-patient relationship is trust. If doctor-prescribed suicide were legal, patients wouldn't know if the doctor's ultimate motive was to heal them or end their life. The doctor's duty is to kill the pain - not the patient.

6. **It would contribute to the vulnerability of socially marginalized groups.**
No matter how carefully any guidelines for doctor-prescribed suicide are framed, the practice will be implemented through the prism of social inequality and bias that characterizes the delivery of services in all segments of our society, including health care. The practices will pose the greatest risks to those socially marginalized groups.

Senate Bill 220 goes beyond the Oregon guidelines, by not requiring a second opinion, having no waiting period, and requiring no reporting to the department of health. This is a measure the citizens of Montana oppose and should never be subject to its implementation or abuse.

While assisted suicide lobbyists point to protections on paper, the reality at bedside is that weak patients remain vulnerable to subtle pressure and outright coercion. The dead victims can't testify, those who forced their early death will hardly self-report, and the law prevents investigation into the examination of records.

Assisted suicide only kills. True compassion for terminally ill patients means providing aggressive pain comfort, emotional and spiritual counseling, confidence in one's doctor, and the reassurance of unconditional love.

Respectfully submitted,

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